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RUBY M. SIMPSON
President, The Canadian Nurses Association

The Nova Scotian, a fine hotel, situated in the lovely old city of Halifax, has been chosen as headquarters for the nineteenth Biennial Meeting of the Canadian Nurses Association which is to be held from July 4 to 9 inclusive, 1938. Already the nurses of Nova Scotia have made splendid plans for the entertainment of their guests who, it is expected, will gather from all parts of Canada. The attendance at recent General Meetings of the Association has been remarkably good. We shall not soon forget the great crowd which assembled in Toronto in 1934 for the Silver Jubilee, nor the very surprising number of more than seven hundred registered in Vancouver in 1936. There is every reason to believe that as many or even more, will find their way to Halifax in 1938. True, British Columbia lured the holiday makers in 1936, but Nova Scotia is said to be equally, if not more alluring! A vacation in the Maritimes would be altogether delightful and to many it would have the added charm of a quite new experience. If it can be fitted in with attendance at a worth-while professional assembly it should prove attractive to large numbers.

The Programme Committee has not yet entirely completed its work but plans have advanced sufficiently to show that a profitable week may be anticipated. We have been fortunate in our special speakers. The Reverend Dr. M. M. Coady, of St. Francis Xavier University, Antigonish, Nova Scotia, will be the dinner speaker and will discuss the work which is being done at that University in adult education, a work which has attracted the attention of educational authorities over the entire continent. Dr. H. B. Atlee, prominent Halifax doctor and author, who is keenly interested in nursing education will address the evening session at which the Mary Agnes Snively medals will be presented.

The greater part of the time of the meeting will be spent in the study of progress reports concerning our various projects. If these projects are to be completely successful it is imperative that the entire membership should be fully informed concerning them. Neither individuals nor groups can be expected to support that which is not clearly understood. We have already entered upon certain undertakings and we are about to make decision regarding others. A brief outline of such may not be amiss at this point.

Dominion Registration

In 1932, the Canadian Nurses Association, in meeting in Saint John, New Brunswick, declared its approval of the principle of Dominion Registration. As indicated, the objective is to provide a means of registration for nurses which would be Dominion-wide and would thus facilitate their transfer from one province to another. In 1934, a Committee was appointed to work out the detail of a plan which might be acceptable for the purpose. The first report, presented in 1936, found members not sufficiently informed to render a decision possible. The Committee kindly continued its work and will present a further report at the Halifax meeting. In every province there now appears to have been an honest effort to study the suggested plan. There should, therefore, be intelligent discussion when the report is presented. Without doubt, this will be one of the most important questions before us this year.

Nursing Service Bureaux

In 1934, at the meeting in Toronto, Ontario, our Association entered upon an official effort toward the establishment of Community Nursing Service Bureaux. The objective of such organization is twofold: First, to provide more adequately for the nursing needs of the community, and second, to develop stability in the employment of those who provide the nursing care. It is anticipated that this may be done through a Bureau, where, under expert direction, study may be made to determine the needs and the most satisfactory means of providing the various types of service required.

An experiment in this connection, with financial support assured, was authorized in 1936, since when a special committee has been working on it. The report of progress to date will be found elsewhere in this issue of the Journal under the caption of *Notes from the National Office*. It is just possible that, with the generous co-operation which is being given by the Victorian Order of Nurses for Canada, a Bureau may be in operation before we meet in Halifax. At least plans will be well under way concerning it. Since such an experiment cannot succeed without the active and whole-hearted support of all nurses and since our Association is financially involved in it, it is highly necessary that it should be thoroughly discussed and the functions of a Bureau clearly understood.

The Curriculum

Those who were in Vancouver in 1936 will remember the enthusiastic reception given to the report of the Curriculum Committee, which included the presentation of the publication, "A Proposed Curriculum for Schools of Nursing in Canada," the result of four years of intensive work by the Committee. The report was accepted and the Curriculum referred to the provincial associations for "experimental use in the next two-year period (1936-1938)." We are informed that the entire supply of one thousand copies of the publication has now been sold, a fact which indi-

cates that Schools of Nursing have entered seriously upon the "experimenal use" as requested. In the meantime, the Committee has been busy with study groups and revision questionnaires in order that evaluation of the Curriculum may be possible at our next meeting. A full session will be devoted to it and generous time allowance will be made for discussion from the floor. Every province should be ready to state its considered opinion on the Curriculum and to make further suggestions in connection with it. Perhaps immediate revision is necessary. Perhaps a further period of experimental use should be allowed. The meeting will decide.

The Nightingale Foundation

In 1933, after years of study, the International Council of Nurses finally entered upon a Memorial to Florence Nightingale. This took the form of a Foundation, supported jointly with the League of Red Cross Societies, through which post-graduate study for nurses from all parts of the world could be provided. London, England, was chosen as the centre for the Course and all countries affiliated with the International Council of Nurses were invited to participate.

The Canadian Nurses Association at once agreed to assume its full measure of responsibility. A plan was decided upon, through which a stated financial contribution would be made each year for five years, to provide in each year for a scholarship for a Canadian nurse and to assist with the endowment fund. To date the plan has been carried through. Four Canadian nurses have attended the Course with our scholarships and, four times, the required sum has gone forward to the Foundation for the endowment fund. We are well on with the fifth and last year of our commitment which we confidently expect we shall successfully complete. Our five year pledge will then be fulfilled. But what of the future? The Florence Nightingale International Foundation will continue with the Memorial. Are Canadian nurses to support it? Are further scholarships to be given? The whole question will be carefully reviewed before a decision is made.

Other Considerations

It will be understood from the foregoing that much of the time of the meeting will necessarily be spent on the topics outlined, but other matters, too, will have a place. "Economic Security for Nurses" for instance, will form the subject of one session and will be considered from all its various angles. It is fairly safe to predict both exceptional attendance and attention at that session! It is a pressing question, indeed, and equally so for all. Then the affairs of our major undertaking, *The Canadian Nurse* will be under review, as well as the activities of Sections and Standing and Special Committees. Last moment place will be made for any matter which appears particularly urgent when the convention dates arrive. There need be no doubt, then, as to either the importance or the interest of the meeting.

Particular attention will be given to the allotment of time for discussion from the floor. Keen discussion is an indication of an intelligent, informed and interested membership, without which no real progress can be made. That the Canadian Nurses Association possesses such a membership has been demonstrated on previous occasions. The Halifax meeting will be no exception.

Provincial, local and alumnae associations will soon be concerned with the appointment of representatives. This

should be done with great care, particularly on the part of provincial associations by which the official delegates are selected. The persons chosen should be those who can most ably give voice to opinions, who can think clearly on new problems which may arise and who can interpret discussion to the best possible advantage in making decisions. Official delegates carry a very real responsibility since they must think and speak for large numbers of vitally concerned persons. Their responsibility is not always fully appreciated. For this reason it is highly desirable that more than one delegate should be sent from each provincial association. True, one person may carry the full quota of votes but such votes may not be placed to the best advantage if there is no one with whom to discuss the questions and share the burden. The Sections, too, will feel greater benefit from the General Meeting if they can be considered in the representation.

Unofficial delegates, who go from local or alumnae groups or independently from their own deep interest in nursing, make up the great majority in the attendance and are most important. They bring the opinion of the rank and file, often expressed more frankly to them than to officials. They bring, too, a zest and enthusiasm which enlivens the meetings and provides a real stimulus for those presiding. No group will be more warmly welcomed. It is, indeed, for them that organizations exist and that conventions are held. That all should enter freely into the discussions cannot be too strongly urged.

So — open the personal and the association purse strings as widely as they will go, perhaps even a little wider than cold judgment suggests. Money is well spent and brings the best of dividends when new life and vigour are awakened in individuals and brought back to organizations. Keep Nova Scotia in mind and talk about it at meetings for the next few months. Secure information as to hotel and railroad rates. Study Tourist Bureau pamphlets to determine vacation possibilities. Look up highway routes — perhaps a group might travel advantageously by motor. In a word, begin now to convince yourself and your associates that July is desirable as a holiday month in 1938, with Halifax and the Biennial Meeting of the Canadian Nurses Association as the destination.

TORONTO REFRESHER COURSE

The School of Nursing of the University of Toronto is planning a refresher course for registered nurses who are interested in records and reports. This course will be given February 9, 10, 11, 12 in the School of Nursing, University of Toronto. The course will consist of lectures and discussions leading to a study of records and reports under the following headings:

(a) Records, their form and preservation.
(b) Record writing.
(c) The use of records and statistics in the preparation of reports.

Lectures will include a consideration of the underlying principles of records and reports from the angle of the health organization and the hospital. Round Tables will be devoted to a discussion of these principles as applied to practice in specific nursing services. An exhibit of accepted types, both health and hospital will be arranged.

Insulin Shock Treatment of Schizophrenia

NORMAN L. EASTON, M.B., and HELEN O. MCNELLY, R.N.
Ontario Hospital, New Toronto, Ontario.

The so-called insulin shock therapy for schizophrenia originated with a young Viennese physician, Manfred Sakel. In 1928 he was using insulin to alleviate the withdrawal symptoms of morphinism, and observed that in moderate doses insulin would pacify and relieve the restlessness. This observation suggested its use as a sedative in other psychotic states. Particularly good results followed in a few cases, who by accident passed into hypoglycemic coma, and Sakel was encouraged to produce coma deliberately in a number of schizophrenic patients. Five years of experiment followed before he read his first paper on the subject before the Medical Society of Vienna, on November 14, 1933.

The treatment was first used in America in September, 1936, when Dr. Sakel was invited by Dr. F. W. Parsons, then Commissioner of the Department of Mental Hygiene for New York State, to come to New York and demonstrate his technique before a selected group of psychiatrists at Harlem Valley State Hospital. It was first used in Ontario in May, 1937, when an insulin unit was established at the Ontario Hospital, New Toronto and a group of six patients were placed under treatment. Since then our facilities have been increased and at present twelve patients are receiving the treatment.

The technique used is that taught by Dr. Sakel and consists essentially of the methodical production of severe hypoglycemic shocks. It is divided into four distinct phases:

1. *Preparatory Phase*: An initial dose of 5 to 20 units of insulin is given, intramuscularly, early in the morning, on an empty stomach. It is then increased 5 to 10 units daily until the patient passes into coma. This usually takes about two weeks.

2. *Shock Phase*: This consists of the daily administration of a sufficiently large dose of insulin to produce coma. The sensitivity of patients to insulin differs, and this dose may vary from 15 to 500 units. Twenty to fifty such shocks are usually given.

3. *Rest Phase*: During the early stages of the treatment it was considered necessary to give the patient a rest day between shocks. Subsequent experience has shown that this is not advisable except where some complication has arisen. This phase amounts to one or two rest days per week, usually on week ends.

4. *Terminal Phase*: Once the mental picture remains stationary, the dose of insulin is decreased to one-third of the shock dose and is followed by food two hours later. The purpose of this phase is to stabilize the patient and enable the organism to readjust itself following the large doses of insulin. It usually takes about one week.

The mental changes observed under the influence of insulin are exceedingly interesting. During the first hour after the injection, the patient experiences a sensation of warmth and mild euphoria and many liken it to the effects of a small quantity of alcohol. Somnolence usually follows during the second or third hour. During this period one occasionally observes a lucid interval when the patient will talk quite normally and show considerable insight into his delu-

sions and hallucinations. At this time he is very receptive and accessible and can be benefitted by judicious psychotherapy. Occasionally one observes varying degrees of excitement preceding coma which may require restraint. One likes to see his patient in coma during the third hour. During this phase he will not respond to stimuli of any kind and after waking has a complete amnesia covering this period. During the waking period one again observes a very interesting mental change. The patient usually becomes very affectionate, dependent and talkative and again becomes responsive and accessible. This provides another opportunity to help the patient by means of psychotherapy.

Shock is always terminated after about five hours, by the administration of sugar. The method used depends on the mental state of the patient. If conscious, he drinks about 400 cc of 35% cane sugar solution. If in coma, one usually gives the same solution by gavage. Special care must be taken to definitely establish the position of the tip of the tube before sugar solution is added because an unconscious patient will not show the same signs of distress when the tube passes into the trachea that a conscious patient will. One attempts to suck back gastric contents and test its acidity with litmus or else listen over the stomach with a stethoscope while a small quantity of air is forced into it with a syringe. If at any time the patient's condition becomes critical or if he does not respond within 45 minutes to the giving of sugar water by gavage, about 50 cc of 30% glucose solution is given intravenously. The response to the latter procedure is usually dramatic and almost immediate.

Special training is quite as essential for the nursing personnel on an insulin ward as for the medical staff who direct it and is best obtained by affiliation with a well organized unit. Here the different types of reaction, complications and methods of handling them can all be observed in a relatively short period of time.

The following routine procedures have been found useful: To the night nurse falls the task of serving lunch at 8 p.m. which consists of bread and butter, honey and milk after which all food is taken from the patients and stored in a cupboard till noon the following day. This is important because the taking of food after 8 p.m. counteracts the effect of the insulin and makes treatment unsuccessful. Patients will secrete food in all manner of places and a thorough search is always necessary. She visits all patients every half-hour and satisfies herself that none are passing into secondary shock. Before going off duty she collects a fasting specimen of urine from each patient and arranges for it to be sent to the laboratory for routine examination.

If the morning temperature, pulse and respiration rates are normal, the insulin injections are usually given by the charge nurse as ordered by the physician. It is advisable to use only a single strength of insulin (80 units per c.c.) to avoid mistakes.

From the time treatments are given until their termination, the ward should be kept as quiet as possible. Conversation between members of the staff should be in low tones and the lighting kept subdued, as these tend to facilitate the patients passing into coma. Because of the perfuse perspiration the patients show while in coma both pillows and mattress have to be protected by rubber covers. The beds should be equipped with large rubber tired castors so that they may be moved easily and quietly into a single room if a patient becomes noisy.

In order to meet all emergencies quickly, it is essential to have at hand an emergency tray containing the following:

50 c.c. Luer syringes—sterile.

2 c.c. Luer syringes—sterile.

200 c.c. Janet Franc syringe, for aspiration of gastric contents.

Six needles—No. 21 with short bevel for intravenous and intramuscular work.

Ampoules of sterile glucose solution 30%.

Ampoules of adrenalin, coramin, caffeine and digifoline with files.

Alcohol and pledgets of cotton to disinfect the skin.

Rubber tourniquet.

Gavage tubes—No. 21 French.

Strips of litmus paper to test acidity of fluid aspirated.

Feeding cups containing 35% cane sugar solution.

During the morning, the nurse must give her patients, usually three in number, her undivided attention and be ever on the alert to observe changes as they occur. The temperature and pulse are recorded every half-hour. The former almost invariably drops and often as low as 94.6 degrees. With the low body temperatures, chills will be frequently observed unless hot water bottles and extra blankets are supplied. In the pulse rate one notes chiefly changes in rate and rhythm and these must be reported immediately as they may be an indication for termination.

Respirations may become labored and stertorous or severe laryngo spasms may occur and indicate termination of treatment. Quite often those complications are relieved by turning the patient over to one side and supporting the back with a pillow. This also applies to the period when he is salivating and will prevent the aspiration of saliva. When treatment has been terminated the patient is allowed to remain quiet without undue stimulation or manipulation for from fifteen to thirty minutes, during which time they usually regain consciousness. An alcohol rub is then given and clean bed linen and personal clothing supplied. The patient remains in bed for lunch and for the following hour. Temperature and pulse is again taken after which each patient has a shower or tub bath and is dressed.

In the course of the afternoon we strive to attain an active and social atmosphere rather different from that of the morning routine. There is a fairly wide variety of occupational therapy available and every effort is made to select for each individual patient an interesting and educational past time. Some of the forms of activity our patients enjoy most are tennis, croquet, badminton, ping pong, checkers, bridge, sewing, knitting, weaving, long walks and picnics. They also have access to the hospital library.

One of the ever present dangers of insulin shock therapy is the occurrence of delayed or secondary shock. By this we mean that a patient again passes into shock after he has been brought out of hypoglycemia by the administration of sugar. The symptoms are the same as one sees after giving a dose of insulin, namely perspiration, cold clammy skin, stertorous respiration and unconsciousness. This condition is sometimes difficult to recognize at night when the patient would naturally be asleep. If in doubt it is always wise to attempt to rouse him and, if successful, have him drink about 400 c.c. of sugar water. If this is impossible, a physician must be called and the equipment made ready for either gavage or intravenous administration of sugar water. Delayed shock is always harmful and may be dangerous because it has gone unrecognized and been responsible for some of the deaths attributable to the treatment. We have had comparatively few cases of this complication probably due to the alert-

ness of our nursing staff and to the practise we have established of giving a lunch high in carbohydrate last thing before they fall asleep.

During the periods of excitement that occur during hypoglycemia a nurse can do a great deal to reassure and calm her patient. This "mothering" of the patient has definite therapeutic value for it inspires confidence in the nurse and makes him dependent on and hence accessible to her. Occasionally he will become restless and noisy to the extent of disturbing the other patients. He is then quietly wheeled into a single room, with a special nurse who is provided with an extra emergency tray.

Another important part of the nurse's work is the keeping of accurate records, as it is on these that the physician depends in directing the course of the treatment. They include a description of the mental state of the patient prior to the insulin injection. During hypoglycemia one notes at half-hour intervals the temperature and pulse and records at hourly intervals the blood pressure and sugar level. One also notes the various symptoms of hypoglycemia as they appear, namely perspiration, flushing, myoclonic twitching, salivation and epileptiform convulsions with the time of their appearance. The time of onset of coma, its termination, first signs of returning consciousness and the time of return of complete consciousness are all recorded. Finally, a complete note is made covering the patient's mental state, behavior and productions etc. during the afternoon and evening.

At New Toronto we have found it helpful to hold a weekly informal conference of the entire insulin staff, which includes two full time psychiatrists, a full time psychologist, a part-time occupational therapist, a full time technician and seven graduate nurses. Here, we discuss the progress made by each of the patients during the preceding week and any modifications in the treatment which may be suggested.

In order to successfully handle this new form of therapy a nurse must be tactful, resourceful, keenly alert, quick to act, and yet capable of maintaining her equanimity at all times. No where in the field of psychiatric nursing will one find a greater challenge and at the same time derive more satisfaction from her work than when on duty on an insulin ward.

Canadians for South Africa!

In the January issue of the *Journal*, an announcement was made by Miss Jean E. Browne, convener of the Exchange Committee of the Canadian Nurses Association, concerning opportunities for Canadian nurses in South Africa. The services of twenty nurses were requested and already four Canadians are on their way. Miss Winnifred Perrin and Miss Ruth A. Webb, nurses on the staff of the Hospital for Sick Children, Toronto, sailed for England from New York on January 11. They will leave Southampton by the *Balmoral Castle* on January 21 and expect to arrive in Capetown on February 7. Three nurses from Edmonton, — Miss Ruth Ramsay and Miss Mary Slaney from the Royal Alexandra and Miss Jessie Grant from the University of Alberta Hospital — will leave for South Africa on February 25. The new hospital in Capetown is to open officially on February 1.

THE EDITOR'S DESK

"Halifax, July, 1938"

The President of the Canadian Nurses Association, Miss Ruby M. Simpson, has chosen this apt title for the leading article in which she so ably summarizes the issues which will be dealt with at the forthcoming Biennial Meeting. The President pays tribute to the charm of Nova Scotia thus: "A vacation in the Maritimes would be altogether delightful, and to many it would have the charm of a quite new experience." We feel we ought to warn you about Nova Scotia: once you have fallen under the spell of the landscape (and the people) it is hard to escape. In fact we have given up trying!

Community Nursing Bureau

Among the important projects which are to come up for discussion and possible action at the Biennial Meeting is the establishment of an experimental Community Nursing Bureau under the joint auspices of the Canadian Nurses Association and the Victorian Order of Nurses. Under the caption of *Notes from the National Office* will be found an excellent report of the progress which has already been made toward getting the project under way. The success of this experiment depends largely upon the measure of co-operation and goodwill which is given to it by private duty nurses.

Dominion Registration

The report of the Committee on Dominion Registration for Nurses in Canada, as authorized for publication by the President of the Canadian Nurses Association, appears in this issue of the Journal. This extremely important matter deserves careful study on the part of every nurse in Canada.

Reader's Guide

The articles in this issue which deal with nursing practice, rather than with nursing organization, seem to us to be unusually vivid and interesting. △ If you think the subject of examinations is dull you might read the article by Miss Grace Giles which deals in a lively fashion with this prickly question. If, after doing so, you still think the subject dull you had bettter have your intelligence quotient checked. It may be a trifle low. △ The article on Insulin Shock Treatment in Schizophrenia, prepared by Dr. Norman L. Easton and Miss Helen O. McNelly, is a model of its kind. It explores a new field of psychotherapy and the directions for nursing care are so admirably clear and practical that, in themselves, they prove the value of the clinical teaching which can best be given in a hospital devoted to the care of the mentally ill △ Some nice things have been said about Miss Marion Nash's article, "Links in a Chain," which appeared in our December issue. "Put brains in your budget," by Sophie Cram and Ruth Sheldon, is the second link — and a third is in the making.

A Correction

In the January issue of the *Journal* a news item was published concerning a District Health Unit which covers the whole of Cape Breton Island. This was described as being a "County Unit" but, while we regret the mistake, we cannot accept responsibility for it since the Unit was so designated in the original manuscript.

NURSING INSTITUTE AT McGILL UNIVERSITY

The School for Graduate Nurses, McGill University, has planned a three-day Institute, March 1, 2 and 3 inclusive, dealing with the application of the Proposed Curriculum. The programme will consist of lectures, discussion periods, nursing clinics in hospitals, and a dinner meeting.

TUESDAY — MARCH 1

9 a.m.

(a) What the Public expects of the Nurse: Miss Elizabeth L. Smellie, Chief Superintendent, The Victorian Order of Nurses for Canada.

(b) Trends in Modern Education and their implications for Schools of Nursing: Miss Catherine Mackenzie, Principal, the Montreal High School for Girls.

(c) Adjustments and new emphases in Nursing Education: Miss Marion Lindeburgh.

2 p.m.

(a) General plan of the Proposed Curriculum: Miss Nora Nagle, Instructor, School of Nursing, The Royal Victoria Hospital.

(b) Integration of Health and Community Aspects: Miss Esther Lewis, Health Adviser and Public Health Instructor, The Montreal General Hospital School for Nurses.

8 p.m.

Conference on Clinical Nursing: Introducing the Student into a New Service: The Montreal General Hospital School for Nurses.

WEDNESDAY — MARCH 2

9 a.m.

(a) The Staff: division of responsibility and relationships: Miss Mabel K. Holt, Superintendent of Nurses, The Montreal General Hospital School for Nurses.

(b) Staff Education: Miss Marion Nash, Educational Director, Victorian Order of Nurses for Canada, Montreal Branch.

2 p.m.

(a) Principles of Educational Supervision as applied to Nursing: Miss Marion Lindeburgh.

(b) Round Table Conference on Methods of Clinical Assignment.

8 p.m. Dinner Meeting: address by Miss Ethel Johns, editor, *The Canadian Nurse*. A moving picture will also be shown, entitled: "Nurses in the Making."

THURSDAY — MARCH 3

9 a.m.

(a) Methods of evaluating students and their work: Dr. N. W. Morton, Department of Psychology, McGill University.

(b) Round table discussion of Nursing Records. Leader, Miss Gertrude Bennett, Principal, School of Nursing, Ottawa Civic Hospital, and Convener, Sub-Committee on Records, Curriculum Committee, Canadian Nurses Association.

2 p.m.

(a) Nursing in a Special Field: the Montreal Neurological Institute.

(b) Some newer therapeutic measures and methods: School of Nursing, Royal Victoria Hospital.

Application should be made not later than February 20 to the Secretary, School for Graduate Nurses, McGill University, Montreal. The fee of $5.00 (which includes the dinner session) should accompany the application. This sum will be refunded in case of inability to attend, providing that notice of withdrawal is received on or before the opening day, March 1, 1938. If sufficient applications are not received by February 20, the School reserves the right to cancel the Institute.

New Ideas about Examinations

GRACE GILES

Instructor and Supervisor of Nurses, Toronto General Hospital

The excellent article by Miss Esther E. Lewis in the November issue of *The Canadian Nurse* contained one of the most stimulating sentences I have come across for a long time. It was this: "Why not use available resources to the best possible advantage, and get on with our knitting?" This suggestion has a wealth of implications, and offers a direct challenge in the field of examinations. *There* is a phase of nursing education which is singularly within our jurisdiction. No need to wait for government grants before we can make progress here! Experimentation, leading to improvement, is possible to the extent have we nurses have the initiative to make it. That improvement is needed is pointed out in Dr. Weir's "Survey of Nursing in Canada" and the Proposed Curriculum for Schools of Nursing in Canada also emphasizes the importance of validity, reliability, and objectivity in testing.

Much valuable information on the subject of examinations is available as a result of academic research. What types of examinations are being used in the schools, and how will they suit schools of nursing? The way to answer that question is to experiment and find out. There is certainly a place for oral examinations and for special types of tests based on carrying out procedures, but much remains to be done in determining how they may best be used. The present discussion will therefore be confined to one type of examination which has received a great deal of attention in academic circles during the past few years; the Objective, or New Type Examination.

Stated very briefly, this type of examination consists of a large number of questions, each of which allows for only one correct answer, and that answer may usually be given in a single word or a short phrase. There are various types of questions; some involve making comparisons, others necessitate the recall of certain facts. But whatever the type of the question may be, the answer has to be brief and definite. Either the student knows or she doesn't know, and the person marking the paper sees at a glance what mark should be assigned. Moreover, another examiner marking the paper would assign the same mark. Providing the answer is correct, there is no variation in the mark assigned to different students. Such subjective features as writing and English have no part in evaluation in this type of examination. They have been well named *objective* tests.

No doubt many instructors in schools of nursing are already using objective tests extensively in their work and those who are already familiar with the New Type Examinations know that they are of considerable value. It has, however, occurred to the writer that there may be a wider field of usefulness in that they might well be used in testing students on lectures given by the doctors. Such a

suggestion immediately raises the question as to who is to make up such a paper. The answer would be: the supervisor. She has the doctor's notes, she is familiar, or can easily become familiar, with new type tests, and is, perhaps, the best judge of the information which it is most necessary for the student to review through examination. She presides at the examination and is thus in a position to correct any wrong impressions the student may have immediately after the papers are handed in.

This suggestion may not be altogether acceptable to some instructors or supervisors, who feel they already have more work than they have time to do. But before you veto the suggestion entirely, read on, and learn the merits of the proposal. You may not be convinced—that does not matter! We just hope that these remarks will stimulate constructive thought on the subject of examinations on the part of those who are interested in nursing education and the value of examinations as outlined in the Proposed Curriculum will form a basis for our discussion:

1. The student's achievement and rate of progress are determined.
2. The student sees her strengths and weaknesses and her place in relation to the class.
3. The teacher is assisted to adjust her instruction to the needs of the class.
4. Examinations encourage students to study.
5. Examinations set a standard of attainment.

Under the present system in many schools of nursing, it is fair to assume that so far as tests on doctor's lectures are concerned, the real results obtained from examinations are those listed under 4 and 5. How then may we do this testing efficiently and with the greatest economy of time and effort? We must of course consider:

The nature of the questions which should be asked.

The best method to use in asking the questions.

There has been a tendency in the past to make doctors' lectures a basis for questions on nursing. Is this fair to the student?

Let us next study the content of the doctor's lectures on which an examination is based. Almost without exception, the subject matter deals with the disease and the doctor's approach to and treatment of it. This is valuable in giving the nurse the doctor's point of view and broadening her knowledge, thus showing her why she does what she does. But the specialist in surgery (or whatever other branch he may be lecturing in) does not attempt to tell nurses how they should nurse the patient. It is true that he usually does include references to nursing care in his lecture, but they are incidental. It is this very fact which makes it important to decide what we may expect from the student nurse on an examination paper.

The length of time allowed for examinations is too short to permit the student to do much thinking and she relies on memory to a great extent. Consequently, when such a question is asked as: "Give the nursing care of lobar pneumonia," it is not surprising that the answer almost invariably includes, such points as: "Codeine, gr. 1, P.R.N., for cough or pain, and oxygen therapy for cyanosis," while such a point as watching the patient for signs of cyanosis is not mentioned, nor is the care to be exercised in giving drugs P.R.N. even suggested. How can we expect anything else? The doctor assumes that the nurse knows such things, and the nurse assumes that her paper will be rated on the points which the doctor made in his lectures, and therefore answers accordingly.

Then there is inequality of preparation. Some students writing the examination may have had more nursing experience in a given department, as well as additional lectures. The answer given by such a nurse will probably deserve higher marks, though it is obvious that this is unfair to a student with less background. The useless attempt on the part of nurses to supplement their meagre knowledge and lack of practical nursing experience by cramming from textbooks is illustrated by the ridiculous answers which are given on examination papers every year.

What are we going to do about it? It does not seem possible, even if it were desirable, to have the doctors lecture on nursing. Supervisors are taking over this part of the nurse's education and our problem is: how can we encourage the nurse to study the lectures she has received so that she will have the information contained in them to apply to future situations? As yet, some form of examination seems to be the only answer. It is at this point that a discussion of the objective type of examination seems useful because it appears to offer an improvement on the old, or essay type of questioning.

These are the limitations of the old type examinations:

They do not accurately measure the accomplishment of the student with a poor power of expression. After all, an examination is not a lesson in English.

Essay examinations, due to lack of time, actually give rise to undesirable habits, in writing and grammar.

They use up too much time in the mechanics of answering, instead of stimulating real thinking on the question.

It is sometimes contended that new type questions are not thought questions. Are most essay questions thought questions, or are they memory questions? What may be a thought question for one student may be a mere memory for another—it depends on the background. Also, once a thought question has been used, it will afterwards be a memory question: think of the number of students who prepare by cramming the answers to the questions which have been given on preceding examinations. Furthermore, it is difficult to vary the questions asked in a paper which is based on eight or ten lectures, when perhaps ten questions are required, all of equal value.

Old type tests may discourage systematic and thorough review. Students may take a chance on certain points not being asked. A good illustration of that was given recently when, in the paper in hygiene and preventive medicine, the question was asked: "Mention the names of several men who made great contributions to our knowledge of preventive medicine." The lecturer had given practically a whole period to a discussion of these men, but this question had not been asked on previous papers. Only one student in a class of forty answered it.

Now for the merits of new type:

They are more reliable because they permit a wider sampling. Long tests tend to be more valid than short ones. They are more objective in scoring. The result is the same no matter who marks the paper. There are no half-truths and ambiguous statements which it is impossible to evaluate accurately.

They give satisfaction to the student because the examiner touches on both her strong and weak points.

The questions are not likely to be misunderstood.

The marks are not affected by spelling or English.

Their use tends to lead pupils to acquire relatively exact and detailed knowledge.

They point out definitely the things that are not known, make for purposeful remedial instruction, and provide better motivation for study.

In the new type, the student is not thrown entirely upon her own resources. Some suggestion for answer is usually made. This is

not undesirable, since it tends to strengthen knowledge which is marginal or hazy.

New type examinations sample more widely and take less time for the student to answer.

New type papers have been found by educators to take about one-third as long to correct.

It is more valuable to spend time on construction and less on scoring, which is drudgery.

New type tests may be used over again with comparatively slight modification since the number of items is large.

The method of building objective tests will be described in the second article of this series which will appear in an early issue of the *Journal.*

(To be continued)

A Notable Career

At a Special Court of Governors, held at St. Thomas's Hospital, London, on November 23, the resignation of Dame Alicia Lloyd Still, D.B.E., R.R.C., from the position of Matron of the Hospital and Lady Superintendent of the Nightingale Training School for Nurses, was accepted with much regret, and an address was presented to her thanking her for her long and devoted service to the hospital. Dame Alicia was trained in the Nightingale Training School, from 1896 to 1899, and after holding posts as Sister at St. Thomas's Hospital and of Lady Superintendent of the Brompton Hospital for Consumption and of the Middlesex Hospital, she returned to St. Thomas's Hospital in 1913, as Matron. During the Great War she was Principal Matron of No. 5 General Hospital, T.F.N.S. She is a member of the Army Nursing Board, and attended the Congresses of the International Council of Nurses in Montreal in 1929, and in Paris in 1933, when she was elected President of the International Council of Nurses for the following Quadrennial period. She has been a member of the General Nursing Council for England and Wales from 1920 to 1937; President of the Florence Nightingale International Memorial Committee, and Founder and President of the Nightingale Fellowship, and President of the Hospital Matrons' Association. She presided with distinction and charm over the International Congress of Nurses held in London and contributed largely to this unique occasion.

Dame Alicia is succeeded by Miss Gladys V. L. Hillyers, assistant Matron, who holds the Diploma in Nursing conferred by London University and served successively as ward sister, night assistant, and sister in charge of the Preliminary Training School at St. Thomas's Hospital.

EDUCATIONAL DIRECTOR

Qualified, experienced Instructress required for September 1, 1938, in a hospital of 600 beds having a School of Nursing with an enrolment of 200 students. Applications received until March 1 by:

Superintendent of Nurses,
Hamilton General Hospital, Hamilton, Ontario.

DEPARTMENT OF PUBLIC HEALTH NURSING

Put Brains in your Budget!

SOPHIE CRAM and RUTH SHELDON

Members of the staff of the Victorian Order of Nurses

In the December issue of the Journal *the reader will find an article, entitled "Links in a Chain", in which Miss Marion Nash describes the educational programme carried on by the Montreal Branch of the Victorian Order of Nurses. This month, two of its staff members show how effectively the principles they have learned by means of staff conferences and expert advice may be applied in practice.*—EDITOR.

The Victorian Order nurse has the privilege of entering thousands of homes and while her hands are busy her mind is alert, for she must select and teach some member of the family to give care when her brief visit is over. She must be ever observant of the total family situation and quick to seize every opportunity for teaching the meaning of health. One of the Victorian Order's most frequent and lasting contacts is the maternity patient, who may register with the organization in the early months of pregnancy and receive services until the baby is one month old, or, in some localities, even longer. During these months of frequent visiting, the nurse has the opportunity to do her most fruitful work by helping the parents to secure a knowledge of food values that will not only enable them to safeguard the health of the mother and infant but will also improve the nutrition of the entire family.

Much of the ill health and lowered efficiency in any family is due to lack of the food constituents necessary for body building and repair. This condition may be due to ignorance or to poverty, or to a combination of the two, but whatever the cause, the nurse must be aware of the situation and competent, at least, to dispel ignorance and, by skilful use of community resources, to combat poverty. In Montreal we are fortunate in having on our staff a nutritionist, Miss Marion Harlow who brings us her scientific knowledge of nutritional values, as well as instruction in buying, budgetting and cooking. Miss Harlow is available for individual conferences one day a week in each office. Monthly she holds, with each district office staff, a group meeting at which the nurses are encouraged to discuss matters pertaining to nutrition. Two fairly typical but contrasting nutritional problems were recently presented for discussion and, as such problems are common to all communities, a presentation of our method of approach may be of interest.

Have you ever tried budgetting your income? If not, perhaps you hardly appreciate the difficulties of budgetting a

food allowance that is scarcely sufficient for absolute necessities even when managed with the utmost skill. Then why, if it is so difficult, do we except an overburdened mother to make the attempt? Certainly not to add to her problems, but rather because the nurse must have facts upon which to base her teaching, that is, she must know how much money there is to spend and how wisely the housewife has been accustomed to spend it. The budget also enables the mother to see for herself how her food purchases compare with those suggested as adequate for health and consequently stimulates her to seek help with her planning, buying and cooking.

It is not as a rule a good plan to begin by talking to the housewife about anything so mysterious as a budget, but it is practical to ask her to keep her food bills for a week so that by going over them with her we may find out whether the family is getting the greatest possible food value for the available money. Most mothers are willing to accept suggestions that offer the remotest possibility of adding to the purchasing power of the dollar, but occasionally an individual who needs help is hesitant to try anything new. This is how one nurse overcame such reluctance:

Miss S—, finding Mrs. Brown somewhat unresponsive when any mention of nutrition was made, said to her one day: "Mrs. Brown, I've been wondering whether you'd like to do something for me. I cater for myself and keeping within my allowance is not my strong point. You are such an experienced housewife that if you would work with me I could learn a lot that might be passed on to other families as well as helping me to balance my own budget." Mrs. Brown's immediate response was: "Oh! if it's any help I can be to you, nurse, I'll be only too happy." Accordingly, Mrs. Brown did keep a budget. The result was that nurse and housewife pooled their knowledge to mutual advantage, the housewife suffering no loss of pride.

When the bills have been kept for one week, the nurse and mother should total the accounts, divide the money into five more or less equal parts, calculate in one column how much has been spent, and in the other how much should be spent on each of the following groups of foods: (1) milk; (2) cheese, meat, fish and eggs; (3) breads and cereals; (4) vegetables and fruits; (5) fats and sweets. After explaining where economies can safely be effected and why certain foods have a higher value than others, a simple inexpensive recipe (preferably one that the nurse has tried out) may be left with the housewife so that she may try it, calculate the cost, and offer it to her family for their approval. The usual response to this visit is: "You'll be in again next week, nurse, to see how I'm getting along?"

All is not yet plain sailing however, because the habits of a lifetime are not changed over-night. Yet by dint of encouragement and frequent visiting over a period of time a tactful nurse can

Over the teacups

accomplish a great deal. It must be borne in mind that budgets cannot be produced ready-made. Prices vary in different localities and at different seasons and the nurse must be informed about the shops in her district and thus know where the best values are to be found. The food requirement for any family is the sum total of the requirements for every individual member of the family, therefore the age, occupation and health of each individual is as essential data as prices and the amount of money available.

The aim of those interested in the health of the Canadian people is an optimum diet, but at present the food allowance of many families falls far below that which is adequate for health. All we can do in such circumstances is to so help our families that their economies will result in the least possible harm. When economy must be practiced milk should be the last food to be severely reduced although, being realists, we must accept the fact that some families are forced to this extremity. When milk is more than twelve cents a quart, evaporated milk diluted with an equal quantity of water is more economical than fresh milk. If the flavour of evaporated milk is objectionable, as it will be to some, it can be used satisfactorily for cooking.

The more drastic the need for economy, the greater is the need for careful planning and buying. It is advisable to purchase supplies only once or twice a week, and to plan meals for several days in advance so that good use may be made of left-overs. The housewife, keeping in mind the money at her disposal, must select from the variety of foods offered those that will best promote growth, supply energy and safeguard the health of her family.

At this point a concrete example of two contrasting budgets might be interesting. The first budget was presented by Mrs. Green, the mother of a family of meagre education, living on a subsistence allowance. This family includes the father, who after four years on city relief has recently secured labouring work, the mother, and three children, aged six, four and three years. We present a summary under two headings. Under the first, you will find what was actually spent for the five major food groups and, under the second, that which might have been purchased for the same amount of money.

Making out the budget

Mrs. Green's own budget	
Milk	$ .99
Meat, fish, eggs, cheese	1.40
Bread and cereal	1.56
Fruit and vegetables	1.12
Fats and sweets	.80
Total	$5.87
The recommended budget	
Milk	$1.55
Meat, fish, eggs, cheese	.86
Bread and cereal	1.30
Fruit and vegetables	1.20
Fats and sweets	.96
Total	$5.87

In the budget presented by Mrs. Green, the amount of milk used by the

family falls far below that which could have been purchased. Ideally, the menu should include two vegetables per day besides potatoes. Canned or fresh tomatoes in season and green leafy vegetables should appear at least three times per week. Some dried fruits should be included, as they are four times as concentrated as fresh fruits, and provide minerals, sugar, and vitamins, with the exception of Vitamin C, which is supplied by the tomatoes if they are properly cooked. The amount of fruit and vegetables falls not far below the recommended amount,, and tomatoes were included once in the menu for the week. The bread and cereals used are high, but five pounds of flour is included in the amount shown.

The proportion spent on the meat, cheese, eggs and fish group is high in proportion to the total expenditure. Forty cents was spent for a dozen eggs. It would have been better had the family used one-half the quantity of eggs and substituted twenty cents worth of cheese, which is an excellent meat substitute because it is a first class protein and is high in calcium. Baked beans, which are a good substitute for meat, were used once; long, slow cooking was made possible at little cost by the use of the home-made fireless cooker. Fifteen cents was unwisely spent for a four-ounce tin of canned meat for the man's lunch. However, we cannot be wise all the time and this extravagance must be charged up to satisfaction.

The fireless cooker

Beef or pork liver, which can be purchased very cheaply and made into appetizing dishes, and which should appear once or twice weekly, does not appear at all. A recipe for liver loaf was discussed with Mrs. Green and she is to try this and have a loaf ready for the nurse to taste on her next visit. Some dried fish might also be used to advantage, as it is a good source of iodine and reasonable in price. The amount spent in fats and sweets is a trifle low but the use of some molasses, which is a good source of calcium and iron, was encouraging. Peanut butter for sandwich filling was suggested as a means of raising the level of this expenditure. These low cost diets leave no margin for tea, coffee, salt, or any condiments and life is a pretty dull thing without a little spice to add zest and variety, so that we must not appear critical if money which we think should be spent for nourishment is sometimes diverted to other purposes.

It is doubtful whether it is possible for a family to procure on this allowance, continued over an extended period of time, a diet that will safeguard health. Certainly it would not meet the requirements as outlined in the Ontario Medical Report, 1933. Calculations based on April, 1937, prices for a fami-

ly of five in the same age group called for an expenditure of six dollars and forty cents per week. However, if the improvements suggested were put into practice the family would at least secure the maximum of food value for the money spent.

The second budget under discussion was kept by Mrs. Jones, whose husband is employed as manager of his fathers's grocery store. His salary is adequate and he has an opportunity to buy at better prices, but his purchases are sometimes influenced by the perishable left-overs rather than the housewife's need. The ages of the three children range from three years to an infant of six weeks. Mrs. Jones is an intelligent young woman with a fair education and the home is comfortable and well kept. When first visited she was eight months pregnant and two antepartum, nine post-partum and four post-natal visits were made. Mrs. Jones was constipated and rather pale and the attending doctor thought she was somewhat anaemic and suggested a high iron diet. She therefore kept a budget (to provide a basis for discussion) which is here presented together with that recommended by the nurse.

Mrs. Jones' budget

Milk	$1.54
Fruits and vegetables	2.00
Bread and cereals	1.10
Meat, fish, cheese, etc.	3.40
Fats and sweets	2.36
Total	$10.40

The recommended budget

Milk	$2.09
Fruits and vegetables	2.67
Bread and cereal	1.20
Meat, fish, cheese, etc.	2.08
Fats and sweets	2.36
Total	$10.40

You will observe that the total amount spent for food was adequate but that

Growing their own vitamins

the milk falls far short of the needs of a nursing mother and two young children. The fruits and vegetables should be increased for their iron content and their laxative value. The bread and cereals are slightly low but meet the family requirements quite well. It was suggested that cracked wheat and cooked cereals are richer in food value and cheaper than the packaged varieties and, that while winter fires made long cooking possible, flavour and digestibility were improved.

The amount of money spent on meat and meat substitutes is excessive. It was suggested that the meat be reduced, but that liver be increased for its iron content and that cheese and eggs be increased. It was explained to Mrs. Jones that as she is providing her infant with about a pint of fluid per day that it is necessary for her to increase her fluid intake. When asked whether she was not thirsty during the nursing period, she

replied: "Well, come to think of it, nurse, I usually am". It was therefore suggested that if she would place a glass of water or fruit juice on the table beside her she would probably drink and enjoy it.

Mr. and Mrs. Jones are both interested in the development of their children. As a girl, Mrs. Jones worked outside the home and has had to learn anything she knows about housekeeping since her marriage. However, she has made good use of the Canadian Medical Association cook book and will, under supervision, improve her knowledge of food values and her skill in cooking and planning.

These two families present a sharp contrast in every respect except the size of the family, which numbers five in each case. The children of the second group are somewhat younger than those of the first, the occupation of the two men in dissimilar and the education and mentality of the parents markedly different. The second family has fairly good general health and social security, the first has been subjected for years to insecurity and all the evils associated with it. The first family has an inadequate food allowance and the second has sufficient for all reasonable needs. Yet there is a common bond: *neither family is spending the food allowance to the best advantage* and both need instruction that will enable them to understand the effect upon health of well balanced meals and the place of wise planning and marketing in securing a healthful diet.

THE VICTORIAN ORDER OF NURSES

Miss Grace Hill has been transferred from the Vancouver staff to take charge of the Branch at Pembroke, Ontario, replacing Miss Kain, who is now in charge of the Owen Sound Branch.

Miss Hazel Ingram has been transferred from the Winnipeg staff to take charge of the newly opened Prince Albert, Saskatchewan, Branch.

Miss Grace Versey has been transferred from the London staff and is now in charge of the Oshawa Branch, replacing Miss Jean Smith, who is on leave of absence from the Victorian Order of Nurses for Canada.

Miss L. M. MacMillan is relieving temporarily in charge of the Glace Bay Branch, Miss Seaman having been granted leave of absence.

Miss Muriel Tait has resigned from the Owen Sound Branch.

SUPERVISOR OF OBSTETRICAL DEPARTMENT

An experienced graduate nurse, with good post-graduate work in Obstetrics, to take complete charge of Maternity Department in a small hospital. Apply stating age, qualifications, and salary expected, to:

The Superintendent of Nurses
Chipman Memorial Hospital, St. Stephen, N. B.

Report of the Committee on Dominion Registration for Nurses—1937

Madam President and Members,
Executive Committee,
Canadian Nurses Association:

It may be recalled that at the last biennial meeting of the Association that it was resolved:

(a) That the Committee on Dominion Registration for Nurses in Canada be reappointed and asked to clarify its report in the light of both the discussion and the resolutions referred to it at the general session of the Biennial Meeting, July 3, 1936;

(b) That, in order to secure definite recommendations from each Provincial Association, the report as clarified be submitted by the Committee to the Provincial Associations for study prior to their annual meetings in 1937;

(c) That, in order to allow time for adequate consideration of the report before the Biennial Meeting in 1938, the Committee be asked to submit its final report to the Executive Committee of the Canadian Nurses Association by December 1, 1937;

(d) That, the Provincial Associations be asked to consider the suggestion of extending an invitation to a member of the Committee to discuss the question with them.

In addition to these instructions from the General Meeting the President urged the Provincial Associations to study the original plan and to send their criticism and suggestions for amendments to the Committee.

In a memorandum to the Executive Committee in March, and again in June 1937 (copy of which was sent to the Provincial Associations and the representatives on the Committee) it was pointed out that to date no requests for elucidation of specific points in the original plan were received by the Committeee. It was further pointed out that the revised report must be in the hands of the Executive Committee not later than December 1937 and that suggestions for elucidation or amendments should be received not later than November 1, 1937. The foregoing will explain why it was not possible for the Committee to submit a revised report to the Provincial Associations for study prior to their annual meetings in 1937 as instructed.

The third instruction is now being met in the presentation of the revised report to the Executive Committee for the December 1937 meeting.

A further instruction that a member of the Committee visit the Provincial Associations was carried out in seven provinces when very serious and general discussion took place.

In March 1937, your Committee was instructed to obtain legal advice as to the feasibility of the Canadian Nurses Association being incorporated for the purpose of setting up a "Council" or "College" or the Association itself establishing qualifications and giving registration to nurses which will be recognised in each Province; this was done and on receipt of the lawyer's opinion, copies of the correspondence with the legal firm of Godfrey and Corcoran were sent to the Provincial Associations as well as to the President and Executive Committee (a copy of the correspondence is appended to this report).

The original nucleus Committee, feeling that their number (three) was too small for a working Committee, sought permission to add to their number. On authorization of the Executive Com-

mittee they added three new members and later another addition was made to include a representative of the "Council on Nursing Education for Canada of the Catholic Hospital Association." The personnel of the Committee stands: Miss Florence Emory, Miss Jean E. Browne, Miss Jean I. Gunn (all past-Presidents), Miss Muriel McKee, Brantford, Rev. Sister Jeanne, Toronto, Rev. Sister St. Albert, Secretary of the Council on Nursing Education for Canada of the Catholic Hospitals Association, and the Convener; the provincial representatives to the Committee are: Alberta—Miss Ruth Thompson; British Columbia—Miss Elizabeth Breeze; Manitoba—Miss Jean Houston; New Brunswick—Miss Maude E. Retallick; Nova Scotia—Miss Victoria Winslow; Ontario—Miss Mary Millman; Prince Edward Island—Miss Ina Gillan; Quebec—Miss E. Frances Upton; Saskatchewan—Miss Edith Amas.

Members resident in Ontario, together with the Ontario representative, held fourteen meetings in 1936-1937, as well as several sub-committee meetings, while the provincial representatives have been kept in touch through correspondence.

By November 15, 1937, five provinces had sent in suggestions for amendments.

The suggestions from the Provincial Associations indicate a marked diversity of opinion on the following points:

(a) the title of the Instrument through which Dominion Registration is to be obtained.
(b) the proposed provision for "Fellows".
(c) the annual fee.

There was on the other hand a general demand for changes in the proposed plan for representation on the Governing Board; for this reason it was thought by your Committee that a supporting statement on this point should be included in this report (see statement appended to report).

Your Committee is grateful to the Provincial Associations for their frank criticisms and suggestions for amendments and has endeavoured, as far as possible, to incorporate these suggestions in its revised report.

The Committee now begs to present its recommendations as follows:

1. The proposed plan.
2. The provisions of the charter.
3. First steps in organisation.
4. General recommendations.

A Proposed Plan for Dominion Registration of Nurses in Canada

In this plan an effort has been made to give the Provincial Associations an opportunity to decide as between the titles "Canadian College of Nurses" and "Canadian Council for Dominion Registration of Nurses"—short titles, "College" and "Council".

When this decision is made, the term which is discarded will disappear automatically from the entire plan, but the set-up will not be otherwise affected.

It is recommended:

I. That the Canadian Nurses Association initiate the establishment of a "Canadian College of Nurses" *or* the establishment of a "Canadian Council for Dominion Registration of Nurses."

II. That the affairs of the "College" or "Council" be administered by a Board which shall be constituted as follows:

(a) Two members appointed by the Governor-General in Council.
(b) Three members appointed by the Canadian Nurses Association.
(c) Two members appointed by each Provincial Association, one of whom shall be nominated for appointment by the Council of Nursing Education for

Canada of the Catholic Hospital Association.

(d) That in any province in which is employed a Director of Nursing Education, an Inspector of Nursing Schools or any official holding a similar position, the Provincial Association of Nurses may appoint this officer to the Board.

(e) That three members may be appointed by an organised group of nurses registered under "Dominion Registration".

(f) All members appointed to the Board shall be nurses and shall be registered in one of the Provinces of Canada, and after the organisation period shall be registered under Dominion Registration for Nurses.

III. That the Board of Management shall have the power to:

1. Pass Bylaws for the conduct of the business of the Board.

2. Adopt, amend, and repeal regulations for:

(a) Examination and registration of nurses:

(b) Setting of fees and method of collection:

(c) Suspension and expulsion of "Members" or "Registrants":

(d) Penalty for unauthorized use of title.

3. To develop research in Nursing.

IV. That if registration be under the "College" plan, the designation shall be "M.C.C.N." (Member Canadian College of Nurses), if under the "Council" plan, the designation shall be "R.N.C." (Registered Nurse Canada).

V. That a nurse who holds a diploma from a School of Nursing which is approved for provincial registration in Canada shall be deemed eligible for examination for Dominion Registration, provided she meets the following requirements:

(a) That she shall be eligible for admission, without condition, to the first year in the Faculty of Arts of any approved Canadian University.

(b) That she be not less than twenty-one years of age.

(c) That she has had the course in theory and clinical experience required by the regulations of the Board, these regulations to be in accord with the Curriculum for Schools of Nursing prepared by the Canadian Nurses Association.

VI. That in ordinary cases, the Board will accept the report of the provincial inspectors where an annual inspection of Schools obtains, but shall reserve the right to make independent inspection if deemed advisable.

VII. (a) For a period of four years following the coming into effect of the Regulations pursuant to the legislation for Dominion Registration of Nurses, any nurse who is a member of the Canadian Nurses Association shall be deemed eligible, without examination, for registration under "College" or under "Council" upon payment of the required fee. Following the expiration of the four year period, registration under the "College" or under the "Council" may be obtained by examination only.

(b) Any candidate who, after the coming into effect of the regulations pursuant to the legislation for Dominion Registration of Nurses, may have entered upon a course of training in a school for nurses approved in one of the Provinces in Canada, which does not meet the standard decided upon for Dominion Registration, shall be deemed eligible for Dominion Registration by examination, provided the candidate presents a diploma of graduation and otherwise meets the requirements of Clause V, (a) and (b) and upon payment of the required fee. This privilege will be discontinued at the end of five years following the coming into effect of regulations pursuant to legislation for Dominion Registration of Nurses.

VIII. That the registration fee be $20.00 for registration under the "waiver" (without examination) and that later the Board may decide upon an

examination fee to the amount considered necessary.

Provisions of the Charter for Dominion Registration of Nurses

Name:

"The Canadian College of Nurses" *or* "The Canadian Council for Dominion Registration of Nurses".

Objects:

1. To provide for Dominion Registration of Nurses in Canada.

2. To study and formulate plans for the improvement of nursing services in Canada.

Board of Management:

The affairs of the "College" *or* "Council" shall be administered by a Board constituted as follows:

(a) Two members appointed by the Governor-General in Council.
(b) Three members appointed by the Canadian Nurses Association.
(c) Two members appointed by each Provincial Association, one of whom shall be nominated for appointment by the Council of Nursing Education for Canada of the Catholic Hospital Association.
(d) In any province in which is employed a Director of Nursing Education, an Inspector of Nursing Schools or any official holding a similar position, the Provincial Association of Nurses may appoint this officer to the Board.
(e) Three members may be appointed by an organised group of nurses registered under Dominion Registration.
(f) All members appointed to the Board shall be nurses and shall be registered in one of the Provinces of Canada, and after the organisation period shall be registered under Dominion Registration for Nurses.

Powers:

The Board of Management shall have the power to:

1. Pass bylaws for the conduct of the business of the Board.

2. Adopt, amend and repeal regulations for:

(a) Examination and registration of nurses.
(b) Setting of fees and method of collection.
(c) Suspension and expulsion of "Members" or "Registrants".
(d) Penalty for unauthorized use of title.

3. To develop research in nursing.

Designation:

"M.C.C.N." (Member Canadian College of Nurses) *or* "R.N.C." (Registered Nurse Canada).

Petitioners:

Names of group authorized to apply for incorporation of the "College" or "Council".

First Steps to be Taken to put Into Effect Plan Decided Upon

1. That a loan of $5000.00 (five thousand dollars) be made by the Canadian Nurses Association for the organization purposes.

2. That a competent lawyer be engaged to draw up a charter and to negotiate the Bill.

3. That the Petitioners appointed for the charter form a provisional board.

4. That when the College of Nurses, or the Council for Dominion Registration for Nurses, is established, the provisional board shall proceed with the organization of the Board as outlined in the plan.

General Recommendations

1. That when the regulations for the conduct of the affairs of the "College" or "Council" are drawn up, such regulations shall be submitted to the Provincial Associations for approval before adoption.

2. That when these regulations are approved and adopted, the provisional board, before applying for a charter, re-

quest the Provincial Associations to find out to what extent Dominion Registration, under the regulations, could be accepted in lieu of provincial examinations.

3. That if the plan of the "College" be adopted, the organisation of the registered group is obvious; but if the plan of the "Council" be adopted some scheme for the organisation of the registered group should be considered.

Note:

This letter was sent to the lawyer following a telephone conversation when Mr. Corcoran was asked if he would undertake to give legal advice as requested by the resolution from the Executive Committee, Canadian Nurses Association.

Dear Mr. Corcoran:

Enclosed herewith you will please find:

(a) Copy of Constitution and Bylaws, Canadian Nurses Association.
(b) Digest of laws and regulations forming the registration of nurses in Canada.
(c) Copies of the Acts respecting the registration for nurses in each of the nine provinces.
(d) A letter from the Canadian Nurses Association stating the question in which legal advice is desired.
(e) The recommendations contained in the proposed plan for registration of nurses in Canada.

You already have the correspondence re incorporation between the Executive Secretary and myself, and the Companies Branch of the Department of State, Otatwa.

(Sgd.) E. MacP. Dickson,

Dear Miss Dickson:

Following the writer's conversation with you, I understand you desire an opinion as to the feasibility of the Canadian Nurses Association being incorporated for the purpose of setting up a council or college, or the Association itself establishing qualifications and giving registration to nurses which will be recognised in each Province.

I have had the privilege of examining the various acts and constitutions of the Provincial Nurses Associations and also the Acts setting up the Dominion Medical Council. We would point out at the outset that the problem is not a legal one, but rather one of expediency in obtaining your objective. From the legal standpoint it will be necessary to obtain enabling legislation by a Private Act of the Dominion Parliament, and it will also be necessary to have each Province amend their local Acts so as to recognize your registration within every Province and it is quite competent for the Dominion Parliament to pass enabling legislation setting out the right to establish standards, hold examinations, give registrations, etc., either by Canadian Nurses Association or by a Council to be set up for that purpose. The question is a practical one as to how best to secure co-operation of the members in passing such legislation.

We think that you can confidently expect to obtain such legislation for the following reasons:

1. The experience of the Dominion Medical Council is a precedent;
2. There are no practice Act or Acts involved as in Dominion Medical Council Legislation;
3. Registration will be purely voluntary and permissive;
4. The objects of the legislation are very desirable.

At the same time we are of the opinion that in drafting this legislation it will be necessary to take into consideration the practical viewpoint of the various Provinces, that is, without regard to the proportion of population or the number of nurses in the Province, each Province will desire a definite voice in the requirements set up for Dominion Registration, and each Province will also desire official representation on the body charged with the duty of establishing all standards conducting the examinations, etc.

We think, therefore, that in order to obtain the necessary Dominion legislation and to secure the Provincial concurrence in the same, it will be necessary to set up a body or council which will function separate from the Association and that it would be desir-

able to have the representation of such body (apart from ex officio members) designated by the Provincial Associations, rather than by the Canadian Nurses Association.

It might be well for your Committee to consider also the effect upon the general objects of the Canadian Nurses Association in the future if the same body which directs its activities also determines qualifications and determines registration.

We have also considered the question of incorporation of the Canadian Nurses Association. This could be procured by either Letters Patent or by the same legislation which would either set up a Dominion council or enable the Canadian Nurses Association to provide qualifications for Dominion Registration. It is, of course, always desirable when asking for legislation to make the request as simple as possible, and as your main objective is to obtain power to effect a Dominion registration of nurses, that should be made the central part of your application, and it would be desirable to refrain from adding additional requests, unless your Association determines that you desire to set up a council within your own organisation.

We note that your Association is composed of the various provincial Associations, all of which are incorporated bodies. The benefit of incorporation is, of course, the limitation of personal liability for any contracts or obligations entered into by the Association and perhaps the more effective control of funds belonging to the Association.

On the other hand your present free Association of Provincial Associations is probably more flexible and less likely to give rise to any feeling of encroachment upon the Provincial Associations.

To sum up, our opinion is:

1. That it would be more feasible to secure Dominion legislation setting up a Council separate from the Association;

2. In the making of this application it will be preferable that the Canadian Nurses Association should sponsor and promote the legislation rather than that they should request legislation for themselves directly;

3. The question of incorporation of Canadian Nurses Association should be considered from the viewpoint of limiting the liabilities of its constituent members.

(Sgd.) J. G. Corcoran.
June 2, 1937.

Method of Nominating Representatives

Statement re suggested change in the method of nominating the representatives of the Provincial Associations of Nurses to the Governing Body of the College of Nurses or the Council of Dominion Registration for Nurses.

From several of the Provincial Associations of Nurses, the suggestion that there should be some definite plan by which the Schools of Nursing in connection with hospitals operating under the Roman Catholic Orders, should have adequate representation on the Governing Board, led to a definite study being made by this Committee to secure information concerning these Schools of Nursing.

Attached to this statement will be found a tabulated report of the information compiled. It is interesting to note that in the Schools of Nursing operating under the control of the Roman Catholic Orders, we find that these Schools number 40.2% of the total Schools of Nursing in Canada, and that they have enrolled as students 40% of the total student enrolment in Canada. In addition to these hospitals in which the Schools of Nursing are maintained, we find 43.2% of the total hospital beds in the Dominion. ,

In an effort to meet the suggestions received and also as a result of the findings of the above study, this Committee recommends that in each province one representative to the Governing Board will be nominated for appointment by the Council of Nursing Education for Canada of the Catholic Hospital Asso-

ciation. This Association is recommended, at it is organised nationally, and is the representative group in relation to all matters relating to nursing education in the Schools of Nursing under the control of the Roman Catholic Orders.

It will be noted that in the amended plan, the clause relating to the members appointed by the Governor-General in Council was also amended. This clause originally read: "Two members appointed by the Governor-General in Council. It is recommended that one of these appointees be Protestant and one Roman Catholic."

This last clause was amended, deleting the last sentence, so that the question of the religion of these two appointees is not definitely stated. This change is suggested with the unanimous approval of this Committee.

This Committee is of the opinion that the representation suggested in this statement is a fair proportion of all interested and of all engaged in nursing education in the nine provinces of Canada.

SUMMARY OF SCHOOLS OF NURSING IN CANADA

(Information taken from the Dominion Bureau of Statistics, Institutional Statistics Branch for year ending Decembr 31, 1935.)

Schools Under Management of Roman Catholic Orders

Province	Total Number of Schools	Number of Schools	Number of Students	Total Bed Capacity of Hospitals
Alberta	10	4	244	632
British Columbia	9	3	221	669
Manitoba	16	4	289	849
New Brunswick	13	4	95	369
Nova Scotia	15	4	129	470
Ontario	63	19	951	3202
Prince Edward Island	3	1	19	69
Quebec	30	24	1104	5718
Saskatchewan	10	5	257	727
Totals	169	68	3309	12,705

Schools Under Non-Sectarian Management

Province	Total Number of Schools	Number of Schools	Number of Students	Total Bed Capacity of Hospitals
Alberta	10	6	415	1271
British Columbia	9	6	462	1855
Manitoba	16	12	450	1479
New Brunswick	13	9	284	996
Nova Scotia	15	11	265	984
Ontario	63	44	2217	6958
Quebec	30	6	518	1859
Prince Edward Island	3	2	39	160
Saskatchewan	10	5	329	1168
Totals	169	101	4979	16,730

Total Schools of Nursing in Canada	169	
Administered by non-sectarian management	101	or 59.7%
Administered by Roman Catholic Religious Orders	68	or 40.2%
Total number of student nurses	8,288	
In schools administered by non-sectarian management	4,979	or 60 %
In schools administered by Roman Catholic Religious Orders	3,309	or 40 %
Total number of hospital beds	29,435	
In hospitals administered by non-sectarian management	16,730	or 56.8%
In hospitals administered by Roman Catholic Religious Orders	12,705	or 43.2%

Respectfully submitted on behalf of the Committee,

E. MacP. Dickson,
Convener

The Reverend Mother Mailloux

On December 27, 1937, the Reverend Mother M. Elodie Mailloux passed away peacefully at the Mother House of the Grey Nuns of Montreal, where for several years she has carried the arduous duties of Bursar. Mother Mailloux was born at St. Jean d'Iberville, in Quebec province, on February 8, 1865, and entered into religious life at an early age. Since her graduation as a nurse from Hôpital Notre-Dame, Montreal, on June 12, 1899, Mother Mailloux has contributed very largely to nursing education in the Province of Quebec, her chief contribution being the organization of plans for the admission of lay students into the school at Hôpital Notre-Dame thus founding the first school in Canada for French-speaking lay nurses.

Mother Mailloux has occupied the position of Instructor, Directress of Nurses and Superior at Hôpital Notre-Dame, in addition to which she further served the Grey Nuns in the capacity of Superieure Provinciale and Econome Générale. Always considering the welfare of all, and not simply of a few, Mother Mailloux also assisted in the formation of the Association of Registered Nurses of the Province of Quebec, carrying office on the Board of Management in the earlier days, and later on the Advisory Board where her wise counsel and understanding heart were much appreciated.

In recognition of her valuable contribution to nursing education and service, the Reverend Mother Mailloux, prior to her regretted death, was recommended by the Board of Management of the Association of Registered Nurses of the Province of Quebec for the Mary Agnes Snively medal, which is awarded, for merit, by the Canadian Nurses Association.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Community Nursing Service Bureaux

At the General Meeting of the Canadian Nurses Association in 1936, two resolutions were passed which read:

1. That a committee of the Canadian Nurses Association be appointed to discuss with the Victorian Order of Nurses for Canada the question of the establishment of community nursing service bureaux: this committee to report back to the Executive Committee of the Canadian Nurses Association.

2. That the Executive Committee be authorized to draw upon the resources of the Canadian Nurses Association to the extent of four thousand dollars each year for the next two-year period for the development of any experiment or experiments in the re-organisation of community nursing registries or bureaux which may be authorized by the Executive Committee following the report of the special committee appointed to consider this question.

The President, Miss Ruby M. Simpson, was appointed to convene a committee as proposed in resolution number one. In December 1936, the appointment of the following members was announced to the Executive Committee: Miss Mabel F. Gray, Vancouver; Miss Annie F. Lawrie, Regina; Miss Jean I. Gunn and Miss Edna L. Moore, Toronto; Miss Gertrude M. Bennett, Ottawa and Miss Margaret Murdoch, Saint John. Later, Miss Jean L. Church, Ottawa, and Miss K. W. Ellis, Regina, were added.

At the June, 1937, meeting of the Executive Committee, when the Community Nursing Service Bureaux Committee presented its report, it was decided that the Committee should be continued and in order that each Provincial Association should be represented the following members were added to it: Miss Margaret S. Fraser, Edmonton; Miss Gertrude M. Hall, Winnipeg; Miss Ellen Reed, Halifax; Miss B. Tweedy, Charlottetown and Miss E. Frances Upton, Montreal.

In March 1937, the Convener reported that a questionnaire had been sent to the members of the Committee in order to secure opinions which might form a basis for approach to the Victorian Order of Nurses for Canada with reference to the experiment or experiments in community nursing service bureaux. A summary of the replies received was sent to the members.

The convener then made a request for the co-operation and assistance of the Victorian Order of Nurses to the Board of Governors through the Chief Superintendent, Miss Elizabeth L. Smellie. The request, which was referred to the Advisory Nursing Committee of the Victorian Order of Nurses, received sympathetic consideration and the convener was advised that the Order was desirous of cooperating but that the policy under which the experiments would function must necessarily be clearly defined before a decision could be made. It was suggested that a subcommittee of representatives from both organisations be formed to discuss such policy. Members of the Canadian

Nurses Association named to the sub-committee were: Miss Jean I. Gunn and Miss Edna L. Moore, Toronto; Miss Gertrude M. Bennett and Miss Jean L. Church, Ottawa. In order that these members could confer together, the Executive Committee of the Canadian Nurses Association assured the necessary travelling expenses for meetings.

In May, 1937, a conference was held in Ottawa between representatives of the Advisory Nursing Committee of the Victorian Order of Nurses for Canada and the sub-committee appointed by the Association, when the following general principles were agreed upon:

1. Although at least two experiments would be preferred, such might not be possible as the amount voted by the Canadian Nurses Association, $4000.00 a year for two years, might not be sufficient to justify the two. It was felt that it would be preferable to concentrate on one experiment at first and not endanger the undertaking in the beginning. Later, if it seemed wise, a second experiment could be considered.

2. The Association should ask the Order to make such an experiment under certain conditions.

3. A joint advisory committee on community nursing service bureaux of the Canadian Nurses Association and the Victorian Order of Nurses for Canada should be appointed to inaugurate and to develop the experiment, or experiments.

4. It should be understood and emphasized that before any experiment in organising a community nursing service bureau be made in any locality, *the members of the organised nursing profession in that locality must be willing to endorse and to support any such experiment.*

5. Naturally, the experiment would be undertaken by a local branch of the Victorian Order of Nurses, either a branch now operating or one to be organized for this definite purpose.

6. The local administration of the experimental bureau would include representatives from the organized nursing profession, these representatives to be appointed in a manner decided upon later by the joint advisory committee.

7. The place or places where the experiment or experiments will be made to be decided by the Victorian Order of Nurses for Canada and the joint advisory committee.

8. It is to be understood that the Canadian Nurses Association cannot provide more than a total of $8000.00 over a two-year period, and that any financing beyond that amount will have to be met by the Victorian Order of Nurses.

9. Also, it is understood that in making the experiment, the Victorian Order of Nurses for Canada will have full charge, subject to the advice of the joint advisory committee.

It was felt that if these general principles could be approved, they would form a basis on which the joint advisory committee could undertake the study of the establishment of some experiment in community nursing service bureaux.

Approval of the proposed outline of policy was given by both the Victorian Order of Nurses for Canada and the Executive Committee of the Canadian Nurses Association and each organisation proceeded to appoint its representatives to the Joint Advisory Committee. The Victorian Order of Nurses appointed: Mrs. R. L. Blackburn, Mrs. R. W. Reford, The Honourable Cairine Wilson, Miss Elsie Watt, Miss E. L. Smellie, Miss G. M. Bennett, Miss Marion Lindeburg, Miss M. L. Moag, Dr. J. Fenton Argue, Dr. A. Grant Fleming, Colonel C. W. G. Gibson, Dr. J. T. Phair, Mr. D'Arcy McGee, chairman and treasurer, Finance Committee, with power to add regional Victorian Order representatives should necessity arise. The Canadian Nurses Association appointed: Miss R. M. Simpson, Miss K. W. Ellis, Miss J. I. Gunn, Miss E. L. Moore, Miss E. Cryderman, Miss J. L. Church, Miss E. M. Beith, Miss E. Hickey, Miss M.

B. Millman and Miss C. E. Brewster. Additional members will be appointed, if considered necessary, when the experiment is under way.

A report of the first meeting of the Joint Advisory Committee was presented at the December meeting of the Executive Committee of the Canadian Nurses Association. Officers appointed are: Chairman, Mrs. R. W. Reford; first vice-chairman, Miss E. L. Smellie; second vice-chairman, Miss E. L. Moore; secretary, Miss J. I. Gunn.

Each Provincial Association of Registered Nurses had been given an opportunity to recommend to the Committee the organizing of an experimental bureau in their province. Two associations only submitted recommendations: the Registered Nurses Association of Ontario proposed the city of London as a possible place; the Saskatchewan Registered Nurses Association suggested Moose Jaw. Each proposal was accompanied by information concerning the locality suggested.

The Committee had secured information concerning nursing service bureaux from the Joint Committee on Community Nursing Service Bureaux of the American Nurses Association, the National League of Nursing Education, and the National Organization of Public Health Nursing, and from similar bureaux in Detroit, Michigan, and Montreal, Quebec.

In the opinion of the Advisory Committee funds should not be expended on any experiment unless there is a reasonable expectation of the bureau being supported locally after the experimental period. Since the information on file was not adequate for a definite decision to be made, especially when expenditure of funds is involved, it was decided that a very careful study should be made in London and Moose Jaw.

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To accomplish such surveys the Committee asked the Victorian Order of Nurses for Canada to loan a supervisor to make a survey of these cities in relation to the establishment of a community nursing service bureau, the cost of these surveys to be met from the fund voted by the Canadian Nurses Association for the experiment. The Committee also notified the Registered Nurses Association of Ontario and the Saskatchewan Registered Nurses Association of the plan of the proposed survey and asked for the co-operation and active interest of these organisations. The Victorian Order of Nurses has appointed a member of its National Office Staff, Miss Beatrice Creasy, to make these surveys which are now under way.

While it is recognized that the detail of any experiment must be left to the Joint Advisory Committee, it is desirable to emphasize that the members of the organized nursing profession in the locality selected in which to inaugurate the experiment must be willing to endorse and to support it. Such local endorsation and support will be of paramount importance to the successful development of a community nursing service bureau which it is hoped will demonstrate a more satisfactory nursing service to the community and more reliable continuous employment to registered nurses.

Nightingale Memorial Fund

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Quebec

Student Government Association
The Montreal General Hospital
School of Nursing $35.00

Saskatchewan

Student Nurses, Regina General
Hospital 15.00
Regina Registered Nurses
Association 40.00
Student Nurses Association, City
Hospital, Saskatoon 5.00

Obituary

FREW—The death occurred, in Toronto, on November 6, 1937, of Helen Cowper Frew, daughter of the late Archibald Frew and of Mrs. Frew, of Guelph. Miss Frew was a graduate of the School of Nursing of the Hospital for Sick Children, Toronto.

GILBERT—The death occurred recently, in Calgary, of Mrs. W. R. Gilbert. For many years Mrs. Gilbert was an active member and an honoured officer of the Canadian Red Cross Society. Prior to her marriage, Mrs. Gilbert graduated from the School of Nursing of the Montreal General Hospital.

PETCH—The death occurred in Montreal on December 11, 1937, of Mrs. W. M. Petch, (Eleanor Little). Prior to her marriage, Miss Little was a valued member of the nursing staff of the Children's Hospital of Winnipeg, resigning her position in order to serve as a Nursing Sister overseas during the War. She was a very active and interested member of the Montreal Unit of the Overseas Nursing Sisters Association and for several years was a member of its Executive. Mrs. Petch was the first secretary of the "All Canada" Association and will be greatly missed by her associates, by whom her passing is deeply regretted.

NEWS NOTES

BRITISH COLUMBIA

NANAIMO: The graduate nurses of Nanaimo and district have recently organized to form the Nanaimo Graduate Nurses Association. Two well attended meetings have been held and preliminary business completed. At the first meeting, Miss Joyce Leslie, of Nelson, who was prominent in forming the Nelson Association, and who is now taking the Public Health Course at the University of British Columbia, was present and gave valuable information and assistance. The Association is looking forward to having a very useful and educational organization in the district.

VANCOUVER: Miss L. Small, supervisor of the Government's public health nursing service in New Zealand, recently visited Vancouver, thus concluding a study tour of public health operations in Great Britain, France and Canada. While in the city she addressed the nurses of the Metropolitan Health Committee, and described public health work as she observed it during her tour. She also spoke of the work being carried on in New Zealand.

VANCOUVER: Miss Grace Wright and Miss Innes Brown have left Vancouver to take charge of a new outpost hospital, opened by the British Columbia Provincial Division of the Canadian Red Cross Society, at McBride, B. C. Miss Wright will be the matron of the hospital, which is the third of its kind to be opened in the Province by the Red Cross, another having been opened previously at Kyuquot, of which Miss Rebecca McPhee and Miss Marion C. Rodd left, a few weeks ago, to take charge.

Married: Recently, Miss Margaret Brake (Vancouver General Hospital) to Mr. W. Hunt Turpin.

MANITOBA

BRANDON: At a recent meeting of the Brandon Graduate Nurses Association, Miss Macleod reported that the Registry was busy; that twelve dollars had been donated to the Citizen's Welfare League and that Miss E. Roulette had been appointed representative on the Welfare Committee. Mrs. Johnson introduced the guest speaker, Miss Houston of Ninette, who spoke on the treatment of tuberculosis. Following her address, pictures were shown illustrating the spread and development of the disease. A social hour concluded the evening.

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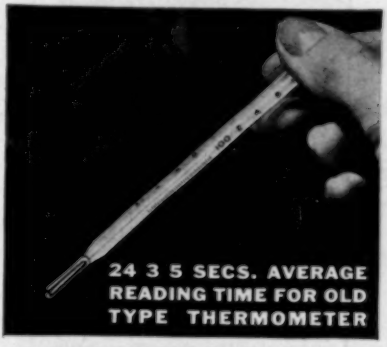

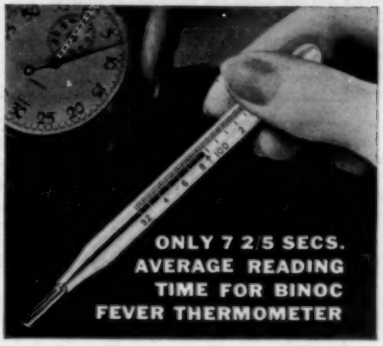

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elected the following officers for the coming year: Honorary president, Miss E. J. Mitchell; president, Mrs. F. M. McKelvey; first vice-president, Mrs. H. Steele; second vice-president, Miss B. Howe; secretary, Miss M. L. Crossman, Saint John General Hospital; treasurer, Miss R. A. Wilson. The executive committee includes Miss M. Murdoch, Mrs. George Brown, Miss J. Hemphill, Mrs. G. L. Dunlop and Mrs. J. E. Beyea.

NOVA SCOTIA

HALIFAX: Orthopedic clinics were held recently at the following points in Nova Scotia: Truro, Colchester County Hospital; Amherst, Highland View Hospital; Sydney, City of Sydney Hospital; Glace Bay, St. Joseph's Hospital and the General Hospital; Sydney Mines, Harbor View Hospital, Kentville, Baptist Church Vestry (the hospital is now under construction); Yarmouth, Yarmouth Hospital. These clinics were held under the joint auspices of Junior Red Cross, the Rotary Club and the Shriners. The superintendents of all the hospitals kindly arranged clinic rooms. An orthopedic specialist from Halifax was in charge assisted by Miss Elizabeth Browne, the director of Junior Red Cross, local public health nurses, school nurses, Victorian Order nurses, and members of the hospital staff and, in several clinics, by members of local organizations. The Rotary Clubs in Sydney, Glace Bay, Amherst, Kentville, Truro and Yarmouth arranged for transportation. Over two hundred patients were examined, of whom over eighty were new. Clinics under Junior Red Cross are financed from the Crippled Children's Fund which is made up of donations earned and saved by school children. Little children requiring treatment are also financed from this fund and by other service organizations.

HALIFAX: Victoria General Hospital: Miss Georgia Byers (V. G. H., 1937) has been appointed to the staff of the Victorian Order of Nurses, Halifax branch.

HALIFAX: Halifax Infirmary: The students Dramatic Club presented their first play "Have you had your operation?" for the entertainment of the Alumnae Association, and by request will repeat it in the near future. A Tombola recently held by Alumnae Association came up to, and beyond, our expectations.

Saint Elizabeth's Guild recently met at the Infirmary for a social evening. After an entertainment presented by the Student's Dramatic Club, the members of the Guild held a short business session.

Miss Marie Gallant (Saint Joseph's Hospital, Glace Bay) has completed a post-graduate course in obstetrics at the Halifax Infirmary.

Plans for an Alumnae reunion are being considered, and letters will be sent to all graduates of the Infirmary. Any change of address should be sent to the superintendent of nurses immediately.

ONTARIO

District 1

Sarnia: Several of the members of the Alumnae Association of the Sarnia General Hospital chartered a bus to attend the refresher course on poliomyelitis which was held recently in London. The Association also recently sponsored a well-attended pay-to-play bridge party.

Districts 2 and 3

Guelph: At the annual meeting of the Alumnae Association of the Guelph General Hospital, the following members were appointed to the Executive: Honorary president, Miss S. A. Campbell; president, Miss Lillian Ferguson; first vice-president, Miss Nora Kenny; second vice-president, Miss Margaret Dent; secretary, Miss Lorraine Sinclair; treasurer, Miss Marion Wood. The committee conveners include: programme, Miss C. Cleghorn, Miss A. Fennel and Miss A. Dyer; refreshment, Mrs. J. Steel, Mrs. C. S. Hamilton and Mrs. H. Zeigler; flower, Miss Clara Zeigler. The reporter to *The Canadian Nurse* is Miss Ariel Smith. Encouraging reports were presented, the past year having been a very successful one. Generous donations were made to the Canadian Red Cross, The Victorian Order of Nurses, the Traveller's Aid, and the Nurses Loan Fund maintained by the Association.

Plans are being made for the celebration of the Fiftieth Anniversary of the Training School to be held in June of this year. The secretary is seeking the addresses of all past graduates and a grand re-union is expected in honour of the jubilee.

Owen Sound: At a recent meeting of the Alumnae Association of the Owen Sound General and Marine Hospital the following officers were elected for the coming year: Honorary president, Miss R. M. Beamish and Miss Webster; president, Miss M. Sehl; first vice-president, Miss R. Ellis; second vice-president, Mrs. C. W. Johnston; secretary-treasurer, Miss V. Sinclair, 658 2nd Avenue West; assistant secretary and reporter to the press and *The Canadian Nurse*, Miss A. Cameron. The committee conveners include: programme, Miss G. Brown and Miss V. Reid; refreshment, Mrs. McMillan and Miss J. Agnew;

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Miss I. Biggar has returned to her position in the Strong Memorial Hospital.

Married: Recently, Miss M. Burnstead to Mr. Samuel McKim.

District 4

St. Catharines: The Public Health Group of District 4, R. N. A. O., of the Niagara Peninsula report two meetings: one in St. Catharines when the speakers were Miss Bernice Lonsley, industrial nurse, Alliance Paper Co., Merriton, and Miss Margaret Mable, school nurse in Thorold. Both nurses read reports on the course in orthopedic nursing given recently at the School of Nursing, University of Toronto. The second meeting took the form of a delightful dinner, held at the home of Miss McFarlane, St. Catharines. In spite of the bad roads, guests were present from Niagara Falls, Welland and Beamsville.

Hamilton: The Alumnae Association of the Hamilton General Hospital has elected the following officers for the coming year: Honorary president, Miss C. E. Brewster; president, Miss E. Bingeman; first vice-president, Miss E. Bell; second vice-president, Miss M. Watt; recording secretary, Miss I. Mayall; corresponding secretary, Miss C. G. Inrig; treasurer, Miss N. Coles; secretary-treasurer, Mutual Benefit Association, Miss G. Coulthart; committee conveners: executive, Miss M. Bain; programme, Miss B. Aiken; flower and visiting, Mrs. Hess; budget, Miss H. Aitken.

District 7

Brockville: The annual meeting of District 7, Registered Nurses Association of Ontario, was held in the Comstock Memorial residence at the Brockville General Hospital, with Miss M. F. Bliss, superintendent of the Smiths Falls Public Hospital, officiating as chairman. Mr. K. W. Rode, president of the board of governors of the Brockville General Hospital and Mr. W. G. Osmond, superintendent, extended a cordial welcome. Dr. H. E. Preston, representing the Brockville Medical Association, and in his capacity as councillor of District 7 of the Ontario Medical Association, addressed the delegates. Dr. Preston reviewed the major points and recommendations resulting from the Survey of the nursing profession conducted a few years ago and stressed the importance of united organization to meet the requirements of the rapid development in medical science.

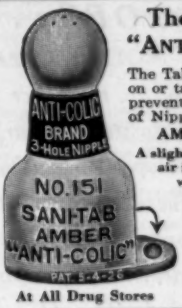
The minutes of the Fall meeting of District 7, held at the Hôtel Dieu Hospital, Kingston, were read by the secretary-treasurer, Miss G. E. Gibson of Brockville, who also presented the financial report. Plans for the annual meeting of the Registered Nurses Association of Ontario to be held in April, at Kingston, were discussed. The president, Miss Bliss, gave a very inspiring address in which she urged the members to carry on, despite war clouds and other difficulties which arise from time to time. She stressed the need of courage and concluded by saying: "Let the motto of the nurses of District 7 during 1938 be *courage!*" The report of the membership committee showed that the objective membership of 300 for the District had been reached and that national enrolment of nurses for service in war and other disasters had increased.

Miss Louise Acton, of Kingston, presented the report of the nominating committee. The election of officers resulted as follows: President, Miss M. F. Bliss, Smiths Falls; first vice-president, Miss Ann Baillie, of Kingston; second vice-president, Miss Marion Crawford, of Kingston; secretary-treasurer, Miss Dorothy Bluhm, Victorian Order Nurse, Smiths Falls. The councillors include Miss O. M. Wilson, Kingston; Miss Vera Manders, Perth; Miss Grace Gore, Smiths Falls; Miss Logan, Brockville; Miss Jean Guest, Kingston; Miss O. McDermott, Kingston.

A delightful luncheon was served at the Hotel Manitonna and the afternoon session was resumed at the Nurses' Residence with 70 members in attendance. The guest speaker was Miss Ruth McConnell, B. A., psychologist at the Ontario Hospital, Brockville, who reviewed the work of the mental hygiene clinics and referred particularly to child psychology by giving concrete examples of the benefits derived from this important branch of service. The delegates were guests of the Brockville General Hospital Alumnae Association at the tea hour during which Miss Susie Sheridan rendered piano solos. Miss Margaret Phillips, a student in the intermediate year at the School of Nursing of the Brockville General Hospital, contributed vocal selections.

BROCKVILLE: The Alumnae Association of the Brockville General Hospital recently held its annual meeting when the following officers were elected for the coming year: Honorary president, Miss Edith Moffat; president, Mrs. Mae White; vice-president, Miss Maude Arnold; secretary, Miss Helen Corbett, 127 Pearl Street, E.; assistant secretary, Mrs. Earle Finlay; treasurer, Mrs.

(*Continued on page* 112)



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